

**Emergency Deficiencies Correction Funding Application**

**Initial Submission Date:** 11/28/2012 2:56:24 PM

**Application ID:** 461

**Resubmittal Date:**

Please provide as much of the requested information as possible. SFB staff will assist in developing required information that is not currently available.

**District Name:** Peoria Unified District  
**Superintendent:** Dr Dento Santarelli  
**Contact Person:** Edward Gillam  
**Contact Phone Number:** 623 486 6175  
**Contact Email:** egillam@peoriaud.k12.az.us  
**School Site:** Desert Harbor Elementary School  
**Buildings:** 9999 School Wide

**Description of Problem**

Please include a detailed description of the issues, as well as a description of and a copy of any professional studies, citations or reports from government entities, recommended solutions, and any cost information or estimates. If additional space is needed, please attach.

The fire alarm/life safety main operations control panel burned up a computer board on Nov 19th and the campus has been under manual fire watch since that time. Due to the age of the panel a replacement part has not been found to date under a nation wide search by the vendor.

A replacement panel/system has been located and the design changes required to update the system have been reviewed with the local fire marshall. Agreement was reached on Novemeber 27 that the new panel and system would meet the current codes.

The panel is now available locally and will be installed once funding has been approved.

**Project Category:** Special Systems

**Are any of the above-described issues in buildings or part of buildings that are leased to another entity, including a district sponsored charter school?** N

**Available Funding** Was money to address this issue included in your adopted budget for this fiscal year? **N**

Current unencumbered building renewal fund balance (Fund 690):	\$0.00
Current fiscal year building renewal expenditures:	\$0.00
Current balance of unrestricted capital:	\$0.00

Please outline any associated insurance coverage.

## Emergency Deficiencies Correction Funding Application

Equipment failure is not part of insurance program.

Manual watch cost being funded by district

**Liaison:** Cruse

pcruse@azsfb.gov

602-364-1193

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Superintendent Printed Name

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Superintendent Signature

\_\_\_\_\_  
Date